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POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT

## Application Number

## Filing Date

## First Named Inventor

John IRVING

## Title

## Art Unit

## Examiner Name

## Attorney Docket Number

I hereby appoint:

 Practitioners at Customer Number

Place Customer  
Number Bar Code  
Label here

OR

 Practitioner(s) named below:

Name	Registration Number
JAMES D. FORNARI	25,260

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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OR

 Practitioners at Customer Number

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OR

 Firm or  
Individual Name

JAMES D. FORNARI

Address

645 MADISON AVENUE - 13<sup>th</sup> FLOOR

Address

City

NEW YORK

State

NY

Zip 10022

Country

USA

Telephone

212-698-0567

Fax

212-698-0573

I am the:

 Applicant/Inventor Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

## SIGNATURE of Applicant or Assignee of Record

Name PATRICK LAZUNESSE

Signature

Date June 19/2003

Telephone 1-888-770-3333

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of 4 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

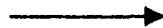
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OR

<input checked="" type="checkbox"/>	Firm or Individual Name	James D. FORNARI	
Address	645 MADISON AVENUE - 13 <sup>th</sup> FLOOR		
Address			
City	NEW YORK	State	NY
Country	USA		
Telephone	212-698-0567	Fax	212-698-0573

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## SIGNATURE of Applicant or Assignee of Record

Name	STEVE MULLIGAN
Signature	Steve Mulligan
Date	19/12/2003
Telephone 1-888-770-3333	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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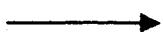
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## SIGNATURE of Applicant or Assignee of Record

Name	MARCELLO BURSTEIN		
Signature			
Date	June 19, 2003	Telephone	1-888-770-3333

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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Application Number	
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First Named Inventor	John IRVING
Title	
Art Unit	
Examiner Name	
Attorney Docket Number	

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Practitioner(s) named below:

Name	Registration Number
James D. FORNARI	25,260

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James D. FORNARI

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Applicant/Inventor

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

John IRVING

Signature

Date

Telephone

1-888-770-3333

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

\*Total of

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration  
Submitted  
With Initial  
Filing

OR

Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number

3800.07

First Named Inventor

John

IRVING

COMPLETE IF KNOWN

Application Number

Filing Date

Art Unit

Examiner Name

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

*METHOD AND SYSTEM FOR FILTERED WEB BROWSING  
IN A MULTI-LEVEL MONITORED AND FILTERED SYSTEM.*

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY)   as United States Application Number or PCT International

Application Number   and was amended on (MM/DD/YYYY)   (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? Yes	Certified Copy Attached? No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 37 CFR 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to:  Customer Number \_\_\_\_\_ OR  Correspondence address below  
or Bar Code Label \_\_\_\_\_

Name

JAMES D. FORNARI, ESQ

Address

645 MADISON AVENUE - 13<sup>th</sup> FLOOR

City

New York

State

New York

ZIP

10022

Country

USA

Telephone

212-698-0567

Fax

212-698-0573

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

 A petition has been filed for this unsigned inventorGiven Name  
(first and middle [if any])

John

Family Name  
or Surname

IRVING

Inventor's  
Signature

Date

June 19, 2003

Residence: City 352  
DALY STREET  
OTTAWA

State

ONT

Country

CANADA

Citizenship

CANADIAN

Mailing Address

352 DALY STREET

City

OTTAWA

State

ONT

ZIP KING 6G9

6G9

Country

CANADA

NAME OF SECOND INVENTOR:

 A petition has been filed for this unsigned inventorGiven Name  
(first and middle [if any])

Marcello

Family Name  
or Surname

BURSTEIN

Inventor's  
Signature

Marcello

Date

June 19, 2003

Residence: City

OTTAWA

State

ONT

Country

CANADA

Citizenship

ARGENTINEAN M.B.

Mailing Address

335 COOPER STREET - APT 23

City

OTTAWA

State

ONT

ZIP

K2B-0G6

Country

CANADA

Additional inventors or a legal representative are being named on the

supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

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<b>DECLARATION</b>		<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet	
Page <u>2</u> of <u>2</u>			
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
STEVE		MULLIGAN	
Inventor's Signature	Steve Mulligan		Date <u>5/12/2003</u>
Residence: City	OTTAWA	State	ONT
		Country	CANADA
Mailing Address <u>125 STEWART STREET - APT 404</u>			
Mailing Address			
City	OTTAWA	State	ONT
		Zip	<u>KIN 6G3</u>
		Country CANADA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
PATRICE		LAJENNESE	
Inventor's Signature	<u>Patrice</u>		<u>June 19/2003</u>
Residence: City	OTTAWA	State	ONT
		Country	CANADA
Mailing Address <u>35 LANGEVIN AVENUE</u>			
Mailing Address			
City	OTTAWA	State	ONT
		Zip	<u>KIN 1G1</u>
		Country CANADA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature			Date
Residence: City		State	
Mailing Address			
Mailing Address			
City		State	
		Zip	
		Country	

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## DECLARATION – Supplemental Priority Data Sheet

**Additional foreign applications:**

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